



OFFICE OF PLANNING  
COMMUNITY AND BUSINESS ASSOCIATION INFORMATION

In order to ensure that your community or business organization is contacted, it is critical that our office has **up-to-date information**. Please fill out the following information about your association. This will be used to inform you of any proposed development projects within your boundaries and other community issues. Also, please be sure to include your boundaries. This information is entered geographically into a database and if we do not have this information, your association risks not being notified of projects within your area of interest. This list is kept by the Office of Planning and is used for notification about Community Input Meetings. Please note that this list is not confidential. According to the Maryland's Public Information Act ("PIA"), Title 10, Subtitle 6, Part III of the State Government Article, we are obligated to provide access to records that are in our possession. **Please complete and return this form to our office (Office of Planning, Attn: Louise Nelson, 105 W. Chesapeake Ave, Ste. 101, Towson MD, 21204) so that your association can be added to our list or to have the information updated.** If any of this information changes in the future or if you need assistance, please contact Louise Nelson as soon as possible at (410) 887-3480 or by E-mail at [lnelson@baltimorecountymd.gov](mailto:lnelson@baltimorecountymd.gov) or by fax 410-887-5862 or 410-494-2766 (my computer Fax). **If you complete and return this form, please also provide a copy of your organization's by-laws and, if incorporated, a copy of your organization's articles of incorporation.**

**Date:**

**Association Name:**

**Councilmanic District:**

**E-mail Address (Public Use):**

**Preferred mailing address (if different than below, i.e. PO BOX):**

**Web site for Association:**

Please provide the following information for two contact people.

**Main contact person:**

**Title:**

**Term Expires:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Home phone #:**

**Work phone #:**

**Cell Phone#:**

**E-mail Address:**

**Second contact person:**

**Title:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Home phone #:**

**Work phone #:**

**Cell Phone#:**

**E-mail Address:**

**Please Attach a MAP WITH YOUR ASSOCIATION'S BOUNDARIES OUTLINED ON IT** and describe them in words below. Boundaries are usually streets, but can also be physical features such as streams or railroad lines.

**All boundaries must connect together.**

❖ North boundary:

❖ East boundary:

❖ South boundary:

❖ West boundary:

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**Example:**

North boundary: Northern Blvd

East boundary: Clearwater Stream

South boundary: Clearwater Stream

West boundary: Rose Ave., James St., &  
Ridge Rd.